## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

	enue Service
Part I	Gener

2 Mailing address (P.O. Box or number, street, and room or suite number) 2825 NW Upshur #E City or town, state, and ZIP code Portland, QR 97210 3 E-mail address of organization 4a Name of custodian of records Susan C. Matthews C&E Systems Portland, QR 97205 5a Name of contact person Elizabeth Kaufman  5b Contact person's address 1220 SW Morrison. #910 Portland, QR 97205 6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code  Part II Purpose 7 Describe the purpose of the organization  Supports on organization Supports on organization Be Related Entities (see instructions) 8a Name of related entity  8b Relationship  8c Address		al Revenue Service							
Because We Care About Oregon PAC  Maling address (P.O. Box or number, street, and room or suite number) 2825 NW Upshur #E City or town, state, and ZIP code Port land, OR 97210  Ba Name of custodian of records Susan C. Matthews C&E Systems Portland, OR 97205  Ba Name of contact person Elizabeth Kaufman  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code  Part III Purpose  7 Describe the purpose of the organization  Part III List of All Related Entities (see instructions)  8a Name of related entity  8b Relationship  8c Address	Рa	riti Genera	al Information						
2 Mailing address (P.O. Box or number, street, and room or suite number) 2825 NW Upshur #E City or town, state, and ZIP code Portland, QR 97210  3 E-mail address of organization  4a Name of custodian of records Susan C. Matthews C&E Systems Portland, QR 97205  5a Name of contact person Elizabeth Kaufman  5b Contact person's address 1220 SW Morrison. #910 Portland, QR 97205  6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code  Part II Purpose 7 Describe the purpose of the organization  Supports Or. @pposes. hallot.measureand/orsupportslegislative.candidates  Part III List of All Related Entities (see instructions) 8a Name of related entity  Sb Relationship  Be Address	1	Name of organiz Because W	ation le Care About (	Oregon PAC					
City or town, state, and ZIP code Portland, QR 97210  3 E-mail address of organization  4a Name of custodian of records Susan C. Matthews C&E Systems  Portland, QR 97205  5a Name of contact person Elizabeth Kaufman  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code  Part III Purpose 7 Describe the purpose of the organization  Supports, Qr. Opposes, hallot, measure, and/or, supports, legislative, candidates.  Part III List of All Related Entities (see instructions)  8a Name of related entity  8b Relationship  8c Address	2			street, and room	or suite num	iber)			
3 E-mail address of organization  4a Name of custodian of records Susan C. Matthews C&E Systems Portland, OR 97205  5a Name of contact person Elizabeth Kaufman Elizabeth Kaufman Fortland, OR 97205  6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number City or town, state, and ZIP code  Part II Purpose 7 Describe the purpose of the organization Supports, Or. Opposes, hallot, measure, and/or, supports, legislative, candidates.  Part III List of All Related Entities (see instructions) 8a Name of related entity  Bb Relationship Bc Address		City or town, sta	ite, and ZIP code						
Susan C. Matthews C&E Systems  Portland, OR 97205  5a Name of contact person Elizabeth Kaufman  Susan C. Matthews C&E Systems  Fize A Name of contact person Elizabeth Kaufman  Susan C. Matthews Portland, OR 97205  5b Contact person's address 1220 SW Morrison #910 Portland, OR 97205  6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code  Part II Purpose 7 Describe the purpose of the organization  Supports or opposes ballot measure and/or supports legislative candidates  Part III List of All Related Entities (see instructions)  8a Name of related entity  8b Relationship  8c Address	3								
Portland, OR 97205  So Name of contact person Elizabeth Kaufman  So Contact person's address 1220 SW Morrison #910 Portland, OR 97205  6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code  Part II Purpose 7 Describe the purpose of the organization  Supports or apposes ballot measure and/or supports legislative candidates  Part III List of All Related Entities (see instructions)  8a Name of related entity  8b Relationship 8c Address	4a	Name of custodi	an of records					· · · · · · · · · · · · · · · · · · ·	
Fortland, OK 9/205  5a Name of contact person Elizabeth Kaufman  5b Contact persons address 1220 SW Morrison #910. Portland, OR 97205  6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code  Part II Purpose 7 Describe the purpose of the organization  Supports or apposes ballot weasure and/or supports legislative candidates.  Part III List of All Related Entities (see instructions) 8a Name of related entity  8b Relationship  8c Address			_					0	
Portland, OR 97205  Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code  Part II Purpose  7 Describe the purpose of the organization  Supports or opposes ballot measure and/or supports legislative candidates  Part III List of All Related Entities (see instructions)  8a Name of related entity  8b Relationship  8c Address	5a								
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  City or town, state, and ZIP code  Part II Purpose 7 Describe the purpose of the organization  Supports, or, opposes, ballot, measure, and/or, supports, legislative candidates		Elizabeth	Kaufman		1220	SW Morris	on #910		
City or town, state, and ZIP code  Part II Purpose 7 Describe the purpose of the organization  Supports or opposes hallot measure and/or supports legislative candidates  Part III List of All Related Entities (see instructions)  8a Name of related entity  8b Relationship  8c Address					Portl	and, OR	97205		
Part II Purpose 7 Describe the purpose of the organization  Supports or opposes hallot measure and/or supports legislative candidates	6	Business addres	s of organization (if di	fferent from maili	ng address s	hown above). I	Number, street, and	room or su	ite number
Supports or opposes ballot measure and/or supports legislative candidates  Part III List of All Related Entities (see instructions)  8a Name of related entity  8b Relationship  8c Address		City or town, sta	te, and ZIP code	,			****		-
Supports or opposes ballot measure and/or supports legislative candidates  Part III List of All Related Entities (see instructions)  8a Name of related entity  8b Relationship  8c Address	Pai	iel Purpos	se						
Part III List of All Related Entities (see instructions)  8a Name of related entity 8b Relationship 8c Address				on					
8a Name of related entity  8b Relationship  8c Address		Supports	or opposes ba	llot measu	re and/o				
8a Name of related entity  8b Relationship  8c Address	D۵	et III. I tot o	f All Doloted Enti	ition (coo inst	ruotiono)				
						8c Address			
RECEIVED		RECE	IVED				,		

AUG 0 1 2000

OGDEN, UT

art IV List of All Officers  Name	9b Title	/ Compensated Employees (see instructions)  9c Address
Beverly Stein	Director	2825 NW Upshur #E
	J 11 20 301	Portland, OR 97210
Duncan Campbell	Treasurer	c/o 921 SW Washington St. #470
		Portland, OR 97205
Under penalties of perjury, Revenue Code, and that I h it is true, correct, and comp	ave examined this notice, includin	med in Part I is to be treated as an organization described in section 527 of the Integ g accompanying schedules and statements, and to the best of my knowledge and be
	A.C.	7/29/00

Here

_ Dusa_ (	Meul	
Signature of authorized official	·	<b>,</b> ———

Form **8871** (7-2000)